

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
P.O. BOX 6216
501 W. Felix, Bldg 1, Dock 1
Fort Worth, Texas 76115

PHONE: 817-334-5515
FAX: 817-334-5630

REQUEST FORM FOR BANKRUPTCY CASES RETURNED BY MAIL [] OR FAX [] (Select One)

Please follow the steps below to obtain photocopies of your desired BANKRUPTCY request.

Please use one form per case. Orders will not be taken by phone.

STEP 1 CASE INFORMATION:

Obtain the information (for the boxes below) - for each case **FROM THE
BANKRUPTCY COURT WHERE THE CASE WAS CLOSED.**

Your request cannot be serviced without the correct information in each of these blocks:		
CITY WHERE COURT IS LOCATED	FRC ACCESSION NO.	FRC LOCATION NO.
CASE FILED NAME (S)	CASE FILED NO.	AGENCY BOX NO.

STEP 2 REQUEST INFORMATION:

A. PACKAGE -All of the following documents, NO SUBSTITUTIONS: (20 page limit - You will be notified if it exceeds)

- Voluntary Petition
- Summary of schedules
- Order of Discharge, Order of Dismissal, or Final Decree
- Creditors holding unsecured nonpriority claims (schedules A1, A2, and A3 or schedules D, E, and F)

[] A1 MAIL or FAX \$10.00 [] A2 CERTIFIED COPIES (by mail only) \$16.00

*** [] SEND FED EX - additional \$7.50 OR use my FED EX # _____

B. ENTIRE - All documents in case, NO SELECTED DOCKETS: (70 page limit - You will be notified if it exceeds)

[] B1 MAIL (only) \$35.00 [] B2 CERTIFIED COPIES (by mail only) \$41.00

*** [] SEND FED EX - additional \$7.50 OR use my FED EX # _____

*** RETURN INFORMATION ***

STEP 3

NAME _____

ADDRESS _____ (NO P.O. BOX FOR FED EX)

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE NUMBER () _____

FAX NUMBER () _____ (We will not fax a package over 50 pages, we will mail)

PAYMENT: (Faxed copies of checks or money orders can not be accepted as payment.)

By mail: Check or money order payable to NATIONAL ARCHIVES TRUST FUND. (If you request more than one case please provide a separate check for each request in case one of your requests is unserviceable.)

By fax or mail: Credit card (Select One) MASTERCARD [] VISA []
AMERICAN EXPRESS [] DISCOVER []

Credit card # _____ EXP. DATE _____

PLEASE DO NOT SEND CASH!

STEP 4 SUBMIT REQUEST TO THE ABOVE ADDRESS or FAX NUMBER.

Due to the volume of requests that we receive daily, we do not confirm that we have received your fax.